Application or Docket Number											ber	
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999												
CLAIMS AS FILED - PART I (Column 1) (Column 2)					_	MALL E	NTITY	OR	OTHER SMALL			
FO	R	NUMBE	R FILED	NUMBER	NUMBER EXTRA			FEE		RATE	FEE	
BA	SIC FEE	**	wat st					345.00	OR		690.00	
TO	TAL CLAIMS	1	/ minus 20	0= ·	•		X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	Janus 3) = <u>*</u>			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	,	
*If the difference in column 1 is less than zero, enter "0" in column 2						L	OTAL		OR	TOTAL	Core	
CLAIMS AS AMENDED - PART II							OIAL		On	OTHER		
(Column 1) (Column 2) (Column 3)						S	SMALL ENTITY			SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. //	Minus	-26			X\$ 9=		OR	X\$18=		
	Independent	・り	Minus	3			X39=		OR	X78=		
٩	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDENT CLAIM			400			+260=		
100-100						Ľ	+130= TOTAL		OR	TOTAL		
	1244	TUY				AD	OIT. FEE		OR	ADDIT. FEE		
	<u> </u>	(Column 1)		(Column 2) HIGHEST	(Column 3)		- 1	ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	· 17	Minus	. 20	=		X\$ 9=		99	X\$18=		
	Independent	• 3	Minus	 3	=	1	X39 = /		OR			
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		Ī.	+130=		OR			
						AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
. (Column 1) (Column 2) (Column 3)										•		
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total	•	Minus	••	=		X\$ 9= ·		OR	X\$18=		
AMENDMENT	Independent	•	Minus	***	=		X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1			
	li the curior in each	ima 1 le lana thea t	the entry in cobs	mn 2 write "11" in ~	olumo 3	L	+130=		OR	+260=	<u> </u>	
* If the untry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	mber Previously Pr	aid For (Total o	r Independent) is th	e highest numbe	er four	d in the ap	propriate bo	ox in ca	olumn 1.		